

Date: February 26, 2006

To: AODA Central Intake Unit Providers
AODA Residential Treatment Providers

From: Paul Radomski, Director, Adult Community Services Branch,
Behavioral Health Division

Subject: Implementation of AODA Sustainability Plan

As each of you is aware, the Adult Community Services Branch of the Behavioral Health Division recently developed an AODA Sustainability Plan. This plan was developed in response to the expiration of our federal "Access To Recovery" grant in early August of this year and to our resultant need to restrict access to services in order reduce AODA expenditures.

The AODA Sustainability Plan is far-reaching, affecting every component of the AODA services system including Central Intake Unit (CIU) services, Recovery Support Coordination (RSC) Services, Recovery Support Services (RSS) and Clinical treatment services. As you may be aware, several initial steps to implement the sustainability plan have already been taken. Effective April 1, 2007, current agreements with three recovery support coordination services are being terminated

Through this memo, it is our intent to inform each of you of additional major steps that are being taken to implement the goals of the AODA Sustainability Plan. They are:

1. Effective March 1, 2007, the total number of AODA screens to be conducted by all three CIUs during the month of March is 406. More specifically, limits set based upon the number of FTE screeners is as follows:
 - a. IMPACT Alcohol and Other Drug Abuse Services 118
 - b. M & S Clinical Services 128
 - c. Wisconsin Community Services 160

It is likely that the number of AODA screens to be conducted in the months following March will change, by agency. Therefore, this directive is valid for March only.

2. Effective March 1, 2007, the CIUs will temporarily suspend referrals to AODA Residential Treatment, except for pregnant women. This action will require Wait List management by IMPACT. Existing clients who are granted authorization by BHD for an increase in Level of Care to residential treatment (via the SAR process), shall be placed on the Residential wait list; once the Residential wait list hold is lifted, they will have priority access over new clients, except for pregnant women, to residential openings. This directive is in effect until BHD establishes residential provider bed "caps". Such caps will be necessary to achieve reductions in the overall capacity of the system.

3. Effective March 1, 2007, CIUs will temporarily cease making referrals to Recovery Support Coordination agencies. Currently, there is a 100+ wait list for RSC services. This action is being taken to create RSC availability for any clients currently enrolled in RSC services in one of three agencies whose RSC agreement is being terminated effective April 1, 2007, (Aurora Family Services, Genesis Behavioral Services and Milwaukee Women's Center).

Implementation of the above steps is necessary to ensure that sufficient AODA funds are available through the course of the year. It will be necessary to both modify the above steps as further experience is gained as well as implement additional steps, as indicated.

Sincerely,

Paul Radomski
Director, Adult Community Services